



COLONY STIMULATING FACTORS PA SUMMARY

PREFERRED	Leukine, Neulasta, Neupogen
NON-PREFERRED	Granix

LENGTH OF AUTHORIZATION: 1 year

NOTE: *All preferred and non-preferred products require prior authorization. If medication is being administered in a physician's office, then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at www.mmis.georgia.gov.*

PA CRITERIA:

For Neupogen

- ❖ Approvable for the following diagnoses
 - Neutrophil recovery following induction or consolidation chemotherapy in acute myelogenous leukemia (AML)
 - Bone marrow transplant (BMT)
 - Enhancement of peripheral progenitor cell yield
- ❖ Approvable for severe chronic neutropenia when the absolute neutrophil count (ANC) is less than 1000.
- ❖ Approvable (when prescribed by, or in consultation with, an oncologist or hematologist) for members with cancer who have chemotherapy-induced neutropenia or who are on a myelosuppressive chemotherapeutic regimen

For Leukine

- ❖ Approvable for the following diagnoses
 - Neutrophil recovery following induction or consolidation chemotherapy in acute myelogenous leukemia (AML)
 - Bone marrow transplant (BMT) and engraftment is delayed or failed
 - Enhancement of peripheral progenitor cell yield
 - Myeloid reconstitution after autologous BMT or allogeneic BMT
- ❖ Approvable (when prescribed by, or in consultation with, an oncologist or hematologist) for members with cancer who have chemotherapy-induced neutropenia or who are on a myelosuppressive chemotherapeutic regimen

For Neulasta

- ❖ Approvable (when prescribed by, or in consultation with, an oncologist or hematologist) for members with cancer who have chemotherapy-induced neutropenia or who are on a myelosuppressive chemotherapeutic regimen

For Granix

- ❖ Approvable (when prescribed by, or in consultation with, an oncologist or hematologist) for members with cancer who have chemotherapy-induced neutropenia or who are on a myelosuppressive chemotherapeutic regimen



- ❖ In addition, member should have tried and failed Neupogen, which is preferred.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827.**

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.